

Cardiac Arrest Registry to Enhance Survival

Part A. Demographic Information

1. Street Address (Where Arrest Occurred)

2. City

3. State

4. Zip Code

5. County

6. First Name

7. Last Name

8. Age

 Days
 Months
 Years

9. Date of Birth

/ /
 DOB Unknown

10. Gender

 Male Female-to-Male, Transgender Male
 Female Male-to-Female, Transgender Female
 Non-Binary

11. Race/Ethnicity

 American-Indian/Alaska Native Hispanic/Latino Unknown
 Asian Native Hawaiian/Pacific Islander
 Black/African American White

12. Medical History

 No Unknown Cancer Diabetes Heart Disease Hyperlipidemia
 Hypertension Renal Disease Respiratory Disease Stroke Other _____

Part B. Run Information

14. Date of Arrest

/ /

15. Incident

16. Fire/First Responder

17. Destination Hospital

No First Responder dispatched

Part C. Arrest Information

18. Location Type

 Home/Residence
 Public/Commercial Building
 Street/Highway
 Nursing Home
 Healthcare Facility
 Place of Recreation
 Industrial Place
 Transport Center
 Other _____

19. Arrest Witness Status

 Unwitnessed
 Witnessed by Bystander
 Witnessed by 911 Responder

20. Presumed Cardiac Arrest Etiology

 Presumed Cardiac Etiology
 Trauma
 Respiratory/Asphyxia
 Drowning/Submersion
 Electrocution
 Exsanguination/Hemorrhage
 Drug Overdose
 Other _____

Resuscitation Information

21. Resuscitation Attempted by 911 Responder (or AED shock given prior to EMS arrival)

 Yes
 No

22. Who Initiated CPR

 Not Applicable
 Bystander
 Family Member
 Healthcare Provider (non-911 Responder)
 First Responder
Did Law Enforcement initiate CPR?
 Yes
 No
 EMS Responder (transport EMS)

23. Type of Bystander CPR Provided

 Compressions and ventilations
 Compressions only
 Ventilations only
 Unknown

24. Were Dispatcher CPR Instructions Provided

 Yes
 No
 Unknown

25. Was an AED Applied Prior to EMS Arrival

 Yes, with defibrillation
 Yes, without defibrillation
 No

26. Who First Applied the AED

 Bystander
 Family Member
 Healthcare Provider (non-911 Responder)
 Law Enforcement First Responder
 Non-Law Enforcement First Responder

27. Who First Defibrillated the Patient

 Not Applicable
 Bystander
 Family Member
 Healthcare Provider (non-911 Responder)
 Law Enforcement First Responder
 Non-Law Enforcement First Responder
 EMS Responder (transport EMS)

28. Did 911 Responder Perform CPR

 Yes No

First Cardiac Arrest Rhythm of Patient and ROSC Information

29. First Arrest Rhythm of Patient

 Ventricular Fibrillation
 Ventricular Tachycardia
 Asystole
 Idioventricular/PEA
 Unknown Shockable Rhythm
 Unknown Unshockable Rhythm

30. Sustained ROSC (20 consecutive minutes) or present at end of EMS care

 Yes, but pulseless at end of EMS care (or ED arrival)
 Yes, pulse at end of EMS care (or ED arrival)
 No

31. Was Hypothermia Care Provided in the Field

 Yes
 No

32. End of Event

 Effort ceased due to DNR
 Pronounced in the Field
 Pronounced in the ED
 Ongoing Resuscitation in ED

33. When Did Sustained ROSC First Occur

 Never After 911 Responder CPR only Unknown
 After Bystander CPR only After 911 Responder defib shock
 After Bystander defib shock After ALS

34. Estimated time of arrest

: :
Hour Minute Second

35. Time of 1st CPR

: :
Hour Minute Second

36. Time of 1st defibrillatory shock

: :
Hour Minute Second

37. Time of sustained ROSC

: :
Hour Minute Second

38. Time resuscitation terminated

: :
Hour Minute Second

Part D. Pre-Hospital Interventions

39. Mechanical CPR device used

Yes No

If Yes, please specify:

- Load Distributing Band (AutoPulse)
- Active Compression Decompression (LUCAS Device)
- Mechanical Piston
- Other _____

40. Automated CPR feedback device used

Yes No

41. Advanced airway successfully placed in the field

Yes No Used existing tracheostomy

If Yes, please specify:

- Combitube
- King Airway
- LMA
- Oral/Nasal ET
- Other _____

42. ITD used

Yes No

If Yes, select how:

- Bag valve mask
- Combitube
- King Airway
- LMA
- Oral/Nasal ET
- Other _____

43. Were drugs administered

Yes No

If Yes, select drugs given:

- Epinephrine
- Atropine
- Calcium Chloride
- Lidocaine
- Naloxone
- Other _____
- Amiodarone
- Bicarbonate
- Dextrose
- Magnesium Sulfate
- Vasopressin

44. Vascular access

None IV IO

45. 12 Lead

Yes No

46. STEMI

Yes No Unknown

Part E. Hospital Section

47. ER Outcome

- Died in the ED
- Admitted to hospital
- Transferred to another acute care facility from the ED

49. Hospital Outcome

- Died in the hospital
- Discharged alive
- Patient made DNR
- Choose one of the following:
 - Died in the hospital
 - Discharged alive
 - Transferred to another acute care hospital
 - Not yet determined
- Transferred to another acute care hospital
- Not yet determined

50. Discharge from the Hospital

- Home/Residence
- Rehabilitation Facility
- Skilled Nursing Facility/Hospice

48. Was hypothermia care/TTM initiated or continued in the hospital

Yes No

51. Neurological Outcome at Discharge from Hospital

- Good Cerebral Performance (CPC 1)
- Moderate Cerebral Disability (CPC 2)
- Severe Cerebral Disability (CPC 3)
- Coma, vegetative state (CPC 4)

Hospital Procedures

52. Why was hypothermia care/TTM not initiated or continued in the hospital

- Awake/Following commands
- DNR/Family request
- Unwitnessed cardiac arrest
- Unshockable rhythm
- No TH program in place
- Other
- Unknown

55. Coronary Angiography Performed

Yes No Unknown

If Yes, provide date and time:

/
 /

 :

 :

 Hour Minute

53. Date and Time of Discharge/Death

/
 /

 :

 :

 Hour Minute

56. Was a cardiac stent placed

Yes No Unknown

57. CABG performed

Yes No Unknown

54. Was the final diagnosis acute myocardial infarction

Yes No Unknown

58. Was an ICD placed and/or scheduled

Yes No Unknown

59. Hospital Medical Record Number

Hospital Comments

Response and Treatment Times

	Hour	Minute	Second		Hour	Minute	Second
60. Time call received at dispatch center	<input type="text"/>	<input type="text"/>	<input type="text"/>	65. Time Ambulance en route	<input type="text"/>	<input type="text"/>	<input type="text"/>
61. Time First Responder dispatched	<input type="text"/>	<input type="text"/>	<input type="text"/>	66. Time Ambulance arrived at scene	<input type="text"/>	<input type="text"/>	<input type="text"/>
62. Time First Responder en route	<input type="text"/>	<input type="text"/>	<input type="text"/>	67. Time EMS arrived at patient side	<input type="text"/>	<input type="text"/>	<input type="text"/>
63. Time First Responder arrived at scene	<input type="text"/>	<input type="text"/>	<input type="text"/>	68. Time Ambulance left scene	<input type="text"/>	<input type="text"/>	<input type="text"/>
64. Time Ambulance dispatched	<input type="text"/>	<input type="text"/>	<input type="text"/>	69. Time Ambulance arrived at ED	<input type="text"/>	<input type="text"/>	<input type="text"/>

General Comments